

CONNECTICUT PARTNERSHIP PLAN



Fall 2022 Partnership Plan Update

Office of the State Comptroller

osc.ct.gov/ctpartner

Agenda

- Partnership 2.0: What it is & Purpose
- Programs – long-term thinking and strategy
 - Medicare Advantage
 - HEP Compliance
 - Dental RFP
 - Care Compass - Central Benefits/Care Navigation
 - Providers of Distinction
 - Prudent Rx
 - Primary Care Initiative
- Utilization Review – Across all plans
- Rate Development Process
- Projected Renewal
- New Plan Offerings

****Please remain on mute and ask any questions through the chat. Thank you****

Partnership 2.0:

What it is & Purpose

- Program created by law launched on October 1, 2015
- Offering municipalities a rich plan design at a pooled rate with the state employee health plan
- A low-/no-deductible Point of Service (POS) plan available to you and other non-state public employees who work for municipalities, boards of education, quasi-public agencies, and public libraries
- Allows municipalities to benefit from the programs and market power of the state health plan
- To date we have 156 groups enrolled totaling approximately 26,000 employees and 60,000 members

The background is a nighttime photograph of a large steel truss bridge spanning a body of water. The bridge's lights are reflected in the calm water. Bare tree branches hang down from the top of the frame. The sky is a deep blue. The text "Program Review" is centered in a large, white, sans-serif font.

Program Review

Medicare Advantage

- New carrier starting January 1st, 2023 - Aetna MAPD plan
 - Lowering the premium rate by approximately 50%
- Information sessions were held for members throughout CT in October
- A copy of the presentation is listed here: Aetna Health Insurance Plans (ct.aetnamedicare.com)
- Members have received welcome paperwork in the mail and should expect their new MAPD card in mid Dec (in a purple envelope from Aetna)
- If you would like to offer the MAPD plan to your members, please notify the state 90 days prior to a 1/1 or 7/1 implementation date

The Health Enhancement Program (HEP)

HEALTH ENHANCEMENT PROGRAM (HEP)

BY THE STATE OF CONNECTICUT AND CARE MANAGEMENT SOLUTIONS - A WELLSPARK AFFILIATE

- The Health Enhancement Program (HEP) is a collectively bargained wellness program attached to the state employee health plan.
- HEP targets preventive care (age-appropriate exams and screenings) and chronic disease management through lower prescription copays and \$0 copay follow up visits for condition (diabetes, asthma or COPD, heart disease/heart failure, hyperlipidemia, and hypertension).
- The goal of HEP is to keep members healthy today and achieve long term plan savings. This is done through preventive care, early detection of treatable conditions, and managing chronic disease through medication adherence and lifestyle changes.

HEP Compliance Tracking

Based on calendar year (penalties implemented August 1st of following year)

- 2021 Partnership Compliance (Covid impact, first-year compliance for several groups, delayed penalty phase)
 - Participants – 91% Compliant
 - Households – 85% Compliant
- 2022 Partnership Compliance
 - Participants – 56% Compliant
 - Households – 37% Compliant
 - Emails – 13,000 sent on 9/21
 - Letters –sent first week of October, second letter just went out, final letter in December to all Non-compliant households
 - Ongoing administrative improvements including additional call center staff and extended hours, increased functionality in the HEP portal to enter completed services not yet updated, 5 Partnership meetings scheduled, and 11/9 and 11/16 HEP Spotlights

Dental RFP

Current contract
with Cigna is through
06/30/2023

RFP release is
targeted for the end
of November 2022
for a July 1, 2023
effective date

Goal is to ensure the
plan has the best
pricing, network
discounts, and
customer service.

Care Compass (Central Benefits/Care Navigation)

An online platform offers:

Access to personal medical and pharmacy benefit portals, including HEP

Tools to find in-network providers and labs for \$0 copays

Medical and pharmacy plan coverage, copays, deductibles and more

Click-to- call or email a Care Compass Health Navigator for benefit assistance

Special Clinical Care programs

- Providers of Distinction/Center of Excellence
- Heath Enhancement Program (HEP): [CTHEP.com](https://cthep.com)
- Orthopedic Care: <https://carecompass.ct.gov/orthopedics/>
- Diabetes (Livongo): <https://carecompass.ct.gov/diabetes/>
- Pre-diabetes program: <https://carecompass.ct.gov/diabetes/>



Providers of Distinction / Centers of Excellence

The state of Connecticut has identified specific doctors, hospitals and provider groups that meet the highest patient care standards for common procedures.

- There are over 20 procedures and over 1,000 providers in this program.
- Each provider listed by procedure has a proven record of high-quality outcomes with fewer risks of complications, extended hospitalizations or readmissions.
- When a member chooses a provider for an eligible procedure, they will automatically earn a cash incentive.
- **Health Navigators** assist members in locating or scheduling care with a provider near them for this program as well as answer all benefit questions
- A dedicated search tool designed for members to look up procedures, hospitals or providers by zip code.
- A program overview, including incentives by procedure and how to use the search tool can be found here: <https://carecompass.ct.gov/providersofdistinction/>



Prudent Rx

FY 2023- 1st Q (July-September 2022) Metrics

Your Top 10 Specialty Drug Classes Before And After PrudentRx Program

Total Overall Trend: -7.3%
Specialty Trend: -17.2%
Average users as % of total: +2.3%
Total Rx's: +4.6%

By gross cost		Total Gross Cost before PrudentRx				Total Gross Cost after PrudentRx				
Specialty Class	Jul-Sep '21 Gross Cost	Jul-Sep '22 Gross Cost	Jul-Sep '21 Gross PMPM	Jul-Sep '22 Gross PMPM	PMPM % Change	Jul-Sep '21 Gross Cost	Jul-Sep '22 Gross Cost	Jul-Sep '21 Gross PMPM	Jul-Sep '22 Gross PMPM	PMPM % Change
Oncology	\$6,153,799	\$6,155,724	\$13.56	\$13.69	0.9%	\$6,153,799	\$5,471,693	\$13.56	\$12.16	-10.3%
Psoriasis	\$3,184,956	\$3,490,904	\$7.02	\$7.76	10.6%	\$3,184,956	\$2,771,845	\$7.02	\$6.16	-12.2%
Rheumatoid Arthritis	\$3,025,729	\$3,182,519	\$6.67	\$7.08	6.1%	\$3,025,729	\$2,478,875	\$6.67	\$5.51	-17.3%
Multiple Sclerosis	\$2,602,086	\$2,158,685	\$5.73	\$4.80	-16.3%	\$2,602,086	\$1,834,173	\$5.73	\$4.08	-28.9%
Psoriatic Arthritis	\$1,911,801	\$2,040,301	\$4.21	\$4.54	7.7%	\$1,911,801	\$1,622,476	\$4.21	\$3.61	-14.4%
Crohns Disease	\$1,988,576	\$1,998,760	\$4.38	\$4.44	1.4%	\$1,988,576	\$1,508,498	\$4.38	\$3.35	-23.5%
Human Immunodeficiency Virus	\$2,205,906	\$1,912,090	\$4.86	\$4.25	-12.5%	\$2,205,906	\$1,503,709	\$4.86	\$3.34	-31.2%
Atopic Dermatitis	\$1,558,621	\$1,830,592	\$3.43	\$4.07	18.5%	\$1,558,621	\$1,444,196	\$3.43	\$3.21	-6.5%
Asthma	\$1,669,541	\$1,675,943	\$3.68	\$3.73	1.3%	\$1,669,541	\$1,322,432	\$3.68	\$2.94	-20.1%
Cystic Fibrosis	\$1,974,222	\$1,555,969	\$4.35	\$3.48	-20.5%	\$1,974,222	\$1,210,693	\$4.35	\$2.69	-38.1%
ALL Others	\$9,309,439	\$9,151,765	\$20.51	\$20.35	-0.8%	\$9,309,439	\$8,028,136	\$20.51	\$17.85	-13.0%
Grand Total	\$35,584,677	\$35,153,251	\$78.40	\$78.15	-0.3%	\$35,584,677	\$29,196,725	\$78.40	\$64.91	-17.2%

Primary Care Initiative Pilot Key Features

- Significantly Increase Per Member Per Month Care Coordination Fees
- Require additional resources be used to improve competencies in the 11 focus areas established by the Office of Health Strategies Primary Care Roadmap
- Quality bonus for performance on the OHS Quality Council Core Measure Set
- Accountability through:
 - shared risk on total cost of care;
 - annual reporting; and
 - OHS recognition (when available)
- Provide robust staffing and reporting support to assist participating providers in identifying and leveraging opportunities for care improvement and cost savings

Utilization Review

Actives & Non-Medicare Retirees All Plans

Current Period: Jul 2021- Jun 2022

Prior Period: July 2020- Jun 2021

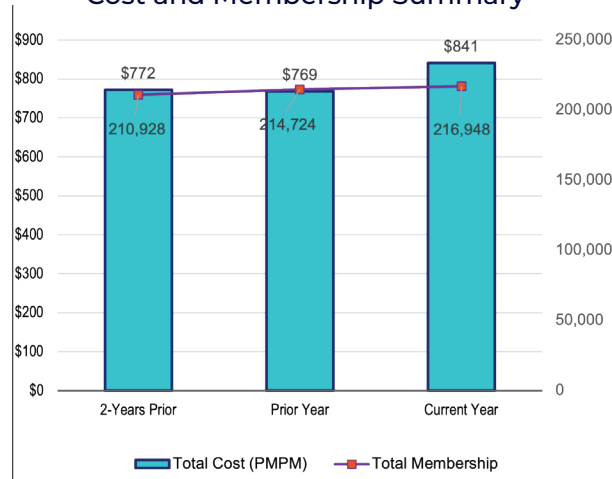
Claims Summary¹

	Total Cost (PMPM)	% of Total Cost	Current Trend
Medical	\$688.41	82%	▲ 8.4%
Inpatient Facility	\$133.66	16%	▲ 2.6%
Outpatient Facility	\$279.00	33%	▼ 14.5%
Professional Services	\$255.19	30%	▲ 9.5%
Ancillary	\$20.55	2%	▼ 3.4%
Pharmacy	\$152.94	18%	▲ 14.6%
Total Cost	\$841.35	-	9.5%

Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Outpatient – Surgery	\$91.21	\$78.87	▲ \$12.34
Pharmacy – Brand	\$83.34	\$72.54	▲ \$10.79
Outpatient – ER	\$45.38	\$36.00	▲ \$9.38
Pharmacy – Specialty	\$42.40	\$35.20	▲ \$7.20
Outpatient – Pharmacy	\$46.37	\$41.36	▲ \$5.02

Cost and Membership Summary



Observations

- PMPM medical costs have increased 8.4% Year-over-Year (YoY)
- PMPM Rx costs have increased 14.6% YoY
- The second table above illustrates the top 5 drivers of trend. Outpatient – Surgery is the top driver, though some share of this is likely a shift away from Inpatient Surgery (which has 2 years of negative utilization trend).

¹Claims for the current period have been completed using a factor of 0.980

Utilization Review

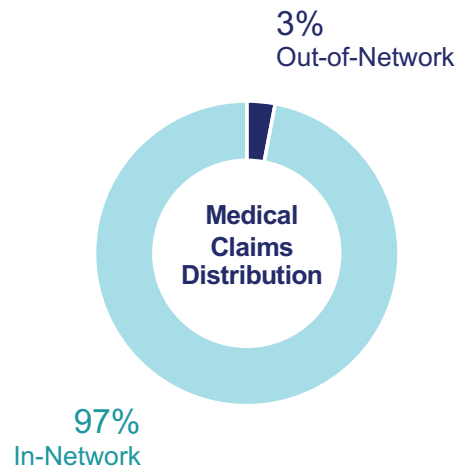
Actives & Non-Medicare Retirees All Plans

Current Period: Jul 2021- Jun 2022

Prior Period: July 2020- Jun 2021

Key Utilization Metrics

Category (Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	5,328	4,771	11.7%
Preventive Services	2,903	2,756	5.3%
Inpatient Admissions	67	66	2.4%
Average Cost Per Admission	\$23,789	\$25,012	-4.9%
Emergency Room (ER) Visits	194	156	24.6%
Average ER Visit Cost	\$2,804	\$2,772	1.2%
Urgent Care (UC) Visits	503	334	50.4%
Average UC Visit Cost	\$199	\$194	2.7%
Rx Scripts	11,149	10,166	9.7%
Average Cost per Script	\$165	\$158	4.5%



Observations

- Office visits per 1,000 increased 11.7% YoY, largely due to a net increase in utilization from expanded telehealth access.
- Inpatient admissions per 1,000 increased 2.4% YoY (though is still below CY2019) while average cost per admission decreased 4.9%.
- ER visits per 1,000 increased 24.6% YoY (though the annualized trend from CY2019 is only 3.7%), the average cost per visit remained relatively unchanged.
- Urgent care visits per 1,000 increased 50.4% YoY and have generally been at a high level throughout the pandemic.
- Rx scripts per 1,000 increased 9.7% YoY and unit cost trend was 4.5%.

Utilization Review

Disease Prevalence

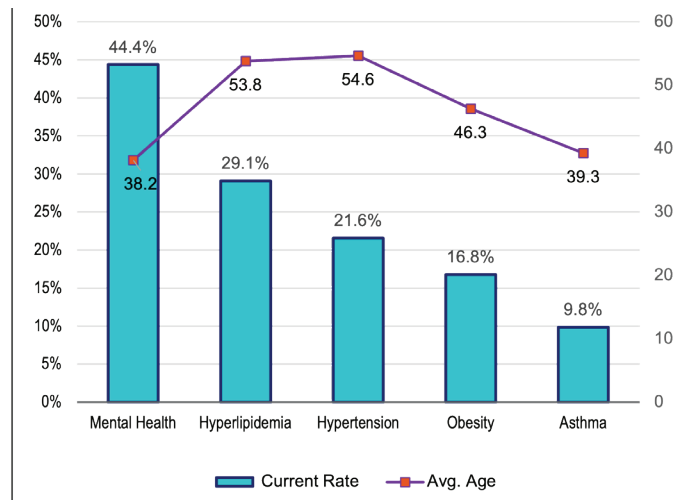
Actives & Non-Medicare Retirees All Plans

Current Period: Jul 2021- Jun 2022

Prior Period: July 2020- Jun 2021

Chronic Condition	Current Rate	Prior Rate
Asthma	9.8%	9.9%
Breast Cancer	1.2%	1.1%
Cervical Cancer	0.0%	0.0%
Chronic Obstructive Pulmonary Disease (COPD)	0.6%	0.7%
Colorectal Cancer	0.2%	0.2%
Congestive Heart Failure (CHF)	0.4%	0.4%
Coronary Artery Disease (CAD)	3.0%	2.8%
Diabetes	7.2%	6.6%
Hyperlipidemia	29.1%	27.8%
Hypertension	21.6%	21.4%
Obesity	16.8%	15.8%
Prostate Cancer	0.6%	0.6%
Mental Health	44.4%	41.3%
Substance Abuse	6.8%	6.3%
Ischemic Vascular Disease	4.5%	4.2%

Top 5 Conditions
(by Prevalence)



Observations

- Small increases in Hyperlipidemia, Hypertension, Obesity, and Diabetes
- The percentage of members diagnosed with mental health concerns increased another 3.1 percentage points (pp), after a large increase the year before; this has been a common theme of the pandemic years due to expanded access via telehealth and obvious stressors.

Utilization Review

Care Gaps and Compliance Rates

Actives & Non-Medicare Retirees All Plans

Current Period: Jul 2021- Jun 2022

Prior Period: July 2020- Jun 2021

Chronic Condition	Clinical Quality Metrics	Population	All Members			Gender Distribution		Compliance Rate by Gender	
			Current Period	Change (pp)	Shape (BoB) ¹	F	M	F	M
Diabetes	At least 1 hemoglobin A1C test	15,580	85%	▲ 0.3	82%	51%	49%	82%	87%
	Screening for diabetic nephropathy	15,580	72%	▲ 2.6	65%	51%	49%	71%	73%
	Screening for diabetic retinopathy	15,580	58%	▲ 7.6	28%	51%	49%	58%	58%
Hyperlipidemia	Total cholesterol testing	62,590	80%	▲ 5.6	73%	48%	52%	81%	80%
COPD	Spirometry testing	1,385	35%	▲ 18.0	30%	52%	48%	35%	35%
CAD	Patients currently taking an ACE-Inhibitor or ARB Drug	6,375	41%	▼ 3.7	41%	34%	66%	33%	46%
Preventative Screening	Patients currently taking a statin	6,375	79%	▲ 1.7	64%	34%	66%	67%	86%
	Breast cancer	55,753	67%	▲ 5.1	43%	100%	-	67%	-
	Cervical cancer	89,046	54%	▲ 2.9	32%	100%	-	54%	-
	Colorectal cancer	74,118	52%	▲ 10.9	36%	54%	46%	56%	48%
	Prostate cancer	34,174	69%	▲ 13.1	44%	-	100%	-	69%
	Adult Access to Preventive / ASC Services (20+)	162,111	88%	▲ 3.0	70%	54%	46%	91%	84%

Observations

- All preventive screening compliance rates are critically important. Early detection of chronic conditions gives the patient a higher probability of a positive outcome. Expensive treatments in the future can be avoided if these conditions are caught/managed early.
- The majority of measures are up, some rebounding from dips in the previous year, and others (like cancer screenings) are well above CY2019 levels. The State's compliance rates are favorable in all categories when compared to the SHAPE BoB.
- The Plan should frequently communicate the value and importance of preventive screenings.

¹SHAPE Book-of-Business reflects compliance rates for calendar year 2019. Compliance statistics have not been adjusted for risk or severity

Utilization Review

High-Cost Claimants (Medical + Rx \$200k+)

Actives & Non-Medicare Retirees All Plans

Current Period: Jul 2021- Jun 2022

Prior Period: July 2020- Jun 2021

Category (sorted by Members)	Current Period			Prior Period			% Change	
	Claimants (% Terminated ¹)	% of Total ²	PCPY	Claimants (% Terminated ¹)	% of Total ²	PCPY	Claimants	PCPY
Episodic w/ Underlying Health Conditions	3,309 (6%)	51.0%	\$57,198	2,873 (5%)	52.6%	\$54,819	15.2%	4.3%
Chronic	1,170 (6%)	18.0%	\$64,650	976 (6%)	17.9%	\$66,889	19.9%	-3.3%
Episodic w/o Underlying Health Conditions	893 (7%)	13.8%	\$49,796	660 (7%)	12.1%	\$42,028	35.3%	18.5%
Behavioral Health	607 (5%)	9.4%	\$52,394	486 (5%)	8.9%	\$56,920	24.9%	-8.0%
Screenable Cancer	262 (6%)	4.0%	\$122,038	214 (7%)	3.9%	\$102,144	22.4%	19.5%
Non-Screenable Cancer	231 (10%)	3.6%	\$180,004	251 (16%)	4.6%	\$156,290	-8.0%	15.2%
Chronic (Rx Only)	14 (43%)	0.2%	\$52,458	6 (50%)	0.1%	\$29,981	133.3%	75.0%
Total High-Cost Members	6,486 (6%)	8.7%	\$64,056	5,466 (6%)	7.5%	\$62,102	18.7%	3.1%

Observations

- 6,486 claimants exceeded the \$20k in combined medical and Rx spend during the current period. This reflects a 18.7% increase when compared to last year.
- Episodic with underlying condition was the top category with 51% of high-cost claimants falling into this category. Chronic was the second highest category.
- Except for non-screenable cancer, all other categories saw high increase YoY.

¹Terminated members as of June 2022.

²% of Total reflects the ratio of claimants in each category to the total high-cost claimants, with the expectations of the total row where it reflects the ratio of total high-cost claimants to the total population.

Partnership 2.0 –Rate Development Process

- **Medical and Rx Claim projections for State and Partnership 2.0 plans are prepared using the most recent 12 months of experience**
 - Trend is then applied from the experience period to the rating period
 - Adjustments for plan design changes, State initiatives/programs, enrollment changes, unusual claim patterns, etc. included in projections
- **Administrative expenses are projected for State and Partnership 2.0 using negotiated fees and expected costs**
- **Reserve adjustment**
 - This is an adjustment based on a comparison of needed reserve levels versus actual reserve levels. This can be a negative or a positive adjustment based on the comparison.
- **Area adjustments**
 - Once base rates are developed for State and Partnership using combined experience, area adjustment factors are applied to the Partnership 2.0 rates

Projected Renewal

November 2022
9-12% Projection

February 2023
Status Check on Projection

January 2023
Status Check on Projection

April 2023
Final Rates

New Plan Offerings

Partnership statute allows
Comptroller to offer additional
plan designs in Partnership

Exploring plan options that would
reduce premiums by 7-10%

Any new plans would be
available July 1, 2023

Options will be brought for
approval through HC4 in
December or January

CONNECTICUT
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Questions?

Please remain on mute and use the chat function.

The presentation will be posted to the Partnership Site: [The CT Partnership Plan 2.0](#)

osc.ct.gov/ctpartner